

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90052 015 ***150.00

DOCUMENT # P93000013693

1. Corporation Name

MJM PROPERTIES, INC.

Principal Place of Business
123 SOUTH GOLFVIEW DR.
LAKE WORTH FL 33460
US

Mailing Address
P.O. BOX 1692
DELRAY BEACH FL 33447
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/24/1993

4. FEI Number

65-0397708

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 P.O. Box 15531

Suite, Apt. #, etc.

27 City & State

28 Sarasota Florida

Zip

Country

29 34277-1531

30 U.S.

9. Name and Address of Current Registered Agent

EVANS, CHRIS
123 S GOLFVIEW DR #2
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent

81 Name

Susan WEBER

82 Street Address (P.O. Box Number is Not Acceptable)

2222 Bougainvillea Street

83

84 City

Sarasota

FL

85 Zip Code
34239

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Susan Weber

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/7/99

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME WEBER MARK C
STREET ADDRESS 222 NE 9TH STREET
CITY-ST-ZIP DELRAY BEACH FL 33444

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME MARK C. WEBER
1.3 STREET ADDRESS 2222 Bougainvillea Street
1.4 CITY-ST-ZIP Sarasota, FL 34239

☒ Change ☐ Addition

2.1 TITLE Vice President
2.2 NAME Susan Weber
2.3 STREET ADDRESS 2222 Bougainvillea Street
2.4 CITY-ST-ZIP Sarasota, FL 34239

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE:

Mark C. Weber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK C. WEBER 3/7/99

Date

(941) 954-8747

Daytime Phone #

CR2E034 / 11/08

0372439